

CIRCUIT COURT OF ILLINOIS
JUDICIAL CIRCUIT
COUNTY

Petitioner

- Independent
 Criminal
 Juvenile

Check if filed on behalf of:

a minor child, or an adult who because of age, disability, health, or inaccessibility cannot file the petition

(file stamp)

Name(s) of additional Petitioner(s)

Case # _____
(to be completed by Court)

vs.

LEADS # _____

Respondent

Respondent date of birth _____

**ORDER FOR EXTENSION AND/OR MODIFICATION
OF CIVIL NO CONTACT ORDER**

The court finds that: an emergency order OR a plenary order was entered on _____.

The court having jurisdiction of the subject matter and the parties, it is hereby ordered that:

1. An extension of the order is granted and is hereby extended to _____ 20__ at _____ a.m./p.m.
2. An extension of the order is granted upon good cause being shown and is hereby to remain in effect until vacated or modified.
3. A hearing on the order is set for _____, 20__ at _____ a.m./p.m., at _____ County Courthouse, Courtroom # _____, Illinois.
(street address) (city)
4. The order is vacated.
5. The order is modified as follows:

Order to be served on Respondent

JUDGE

Date: _____

Petitioner Respondent given a copy of this Order in open court on ____/____/____.
cc: Petitioner Respondent Counsel of Record Sheriff Advocate Jail S/A

SERVICE

() I certify that I served this order on Respondent as follows: (Please check appropriate box and complete Information below.)

() **Individual Respondent - Personal**

By leaving a copy of the order with named Respondent
_____ personally on _____.

() **Individual Respondent - Abode**

By leaving a copy of the order at the usual place of abode of named Respondent with a person of his family, of the age of 13 years or upwards, informing that person of the contents and also sending a copy of the summons in a sealed envelope with postage fully prepaid, addressed to named Respondent at his usual place of abode.

Name of Respondent _____

Date of Service _____ Time _____

Name of Person Summons given to _____

Sex _____ Race _____ Approximate Age _____

Date of Mailing _____

Place of Service _____

() Respondent not found in this County.

() I certify that Respondent was served while incarcerated at _____

Sheriff _____

By Deputy _____

Date _____